

CLAIMS ONLY						Application Number <i>10/628928</i>	Filing Date		
						Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1		/					51		
2			/				52		
3			/				53		
4			/				54		
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7			/				57		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep			1				Total Indep		
Total Depend			15				Total Depend		
Total Claims			16				Total Claims		